



**TOWN OF EASTHAM**  
**BUILDING DEPARTMENT**  
**2500 STATE HIGHWAY**  
**EASTHAM, MA 02642**  
**508-240-5900 Ext. 202**  
**508-240-5918 Fax**

Permit #: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Fee Rec'd.: \_\_\_\_\_  
Approved: \_\_\_\_\_

## EXPRESS PERMIT

1. **Property Location** \_\_\_\_\_ **MAP** \_\_\_\_\_ **PARCEL** \_\_\_\_\_  
2. Owner \_\_\_\_\_ 3. Phone \_\_\_\_\_ 4. Email \_\_\_\_\_  
5. Owner Mailing Address: \_\_\_\_\_  
6. Lot Description: Lot Area \_\_\_\_\_ Frontage \_\_\_\_\_ Zoning \_\_\_\_\_  
7. Setbacks: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Rear \_\_\_\_\_  
8. Estimated Construction Cost \_\_\_\_\_ 9. Estimated Completion Date: \_\_\_\_\_

### PROJECT INFORMATION:

- Project Type:** ☐ Roofing ☐ Siding ☐ Wood Stove ☐ Insulation ☐ Tent  
☐ Windows: U-Value \_\_\_\_\_ ☐ Doors: U-Value \_\_\_\_\_  
☐ Storage Structure  $\leq$  200 sq. ft. ☐ Other \_\_\_\_\_  
(Zoning)

Description of Proposed Work, Materials and Dimensions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Debris Disposal:

Debris resulting from this project shall be disposed of at \_\_\_\_\_  
which is a properly licensed solid waste disposal facility as required by MGL Chapter C-111, Section 150A.

### Authorization Information:

Owners Signature: _____		Date: _____	
A separate letter from the owner with the above information is acceptable			
Contractor/Agent Name: _____		HIC # _____	CSL # _____
Address: _____		Phone: _____	Email: _____

*Please complete the Massachusetts Workers' Compensation Insurance Affidavit on the back of this application.*

Inspections: ☐ Foundation ☐ Frame ☐ Other: \_\_\_\_\_ ☐ Final